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published in
Human Resource Management Journal
2015

DOI (link to publisher)
10.1111/1748-8583.12048

document version
Publisher's PDF, also known as Version of record

citation for published version (APA)
Plaisier, I., Broese Van Groenou, M. I., & Keuzenkamp, S. (2015). Combining work and informal care: The importance of caring organisations. *Human Resource Management Journal*, *25*(2), 267-280. https://doi.org/10.1111/1748-8583.12048

Human Resource Management Journal

doi: 10.1111/1748-8583.12048

Combining work and informal care: the importance of caring organisations

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Human Resource Management Journal, Vol 25, no 2, 2015, pages 267–280

Population ageing and rising costs of long-term care mean that organisations will be confronted in the future with a growing number of employees who combine paid work with providing informal care to a relative or non-kin. Combining work and informal care successfully partly depends on job and care-related features, but more information is needed on the importance of organisational aspects in this regard. The impact of organisational support on work outcomes (work–care balance and perceived need for job adaptations) was studied among 1,991 employed informal caregivers in 50 different organisations. Multilevel logistic regression analyses revealed that a heavy care burden decreased the odds of combining work and care successfully. Caregivers who felt supported by colleagues and supervisors, and who worked in supportive organisations had higher odds of good work outcomes. The findings imply that organisations should be explicit about their concern for informal caregivers and be particularly aware of colleagues with heavy care responsibilities.
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Keywords: informal care; work and family; job characteristics; organisation culture

INTRODUCTION

Population ageing means that Western societies face rapidly rising costs for long-term care and the challenge of reforming the generous welfare state regime of the past decades (Knickman and Snell, 2002; Carmichael and Charles, 2003; Organisation for Economic Co-operation and Development, 2011). As in many other Western societies, the current reforms of the Dutch long-term care system involve the cutting back of residential care and professional home care and seeking to make increased use of informal caregivers. Citizens will need to take more responsibility for their own care arrangements and will have to rely more on help from relatives and non-kin before turning to publicly funded professional care (Da Roit, 2012). Help from relatives and non-kin is defined as informal care when it involves assistance with instrumental and personal activities of daily living (*e.g.* household chores and personal care), it is unpaid and not formally organised, and the care recipient is socially related to the provider of informal care, that is, a spouse, parent, neighbour or friend. Currently, one in eight Dutch employees provides informal care (De Boer and Keuzenkamp, 2009). The highest rate of informal caregiving is found among women aged 45 and over who provide informal care to

Please cite this article in press as: Plaisier, I., Broese van Groenou, M.I. and Keuzenkamp, S. (2015) 'Combining work and informal care: the importance of caring organisations'. *Human Resource Management Journal* 25: 2, 267–280.

their elderly parents (Carretero *et al*., 2009; De Boer and Keuzenkamp, 2009; Schroeder *et al*., 2012). It has been projected that the demand for informal care by the elderly will increase by 25 per cent by the year 2030 (Sadiraj *et al*., 2009). In addition to the need for more informal care, national policy requires higher labour participation rates in order to be able to pay for the provisions of the Dutch welfare state. The retirement age will increase from 65 to 67 within the next 10 years, and policies are in place aimed at lengthening the average working week. The growing demand for informal care combined with the need for a higher participation in the labour market contribute to the fact that in the near future, more people will have to combine paid work with providing informal care for spouses, relatives, neighbours or friends.

The literature, policies and debate about reconciling work and caregiving focused mainly on childcare. Recently, however, awareness of the squeeze that employed informal caregivers may experience is growing (Bittman *et al*., 2007). Like childcare, combining work with providing informal care could be seen as a combination of two conflicting social roles with sometimes incompatible demands. Although some people are able to combine work and informal care successfully, others find it more difficult. In a recent study among Dutch employed caregivers, 19 per cent felt overburdened by their caring responsibilities, and one out of five caregiving employees were working fewer hours than they would like (De Boer *et al*., 2010). Those who experience difficulties in combining work and caregiving are at risk of absenteeism and may consider reducing their working hours or even leaving the labour market (Evandrou and Glaser, 2003; Henz, 2004; Fast *et al*., 2013). This shows the importance for organisations to acknowledge the potentially difficult employability of these workers. Most organisations have developed HRM policies aimed at employees who combine work and social roles in general, in particular taking care of young children in the household. However, in the case of informal caregiving employees, too, effective formal and informal support may prevent reduced productivity and avoid a downturn in earnings or exit from the labour market (Lero *et al*., 2012). Yet there is still limited knowledge of how the topic of informal care is dealt with in many organisations, to what degree managers and employees are aware of and support colleagues who are providing informal care, and how this enhances their ability to combine work and informal care successfully.

To date, many studies on combining work and informal care have generally focused on the explanatory power of work and care-related features at the individual level (*e.g.* Edwards and Rothbard, 1999; Evandrou and Glaser, 2003; Pavalko and Henderson, 2006; Fast *et al*., 2013) or have studied organisational support from a qualitative perspective (*e.g.* Arksey, 2002; Bernard and Philips, 2007). We extend this literature by including three types of organisational characteristics: (a) the formal arrangements used by the caregiving employee, (b) the support from colleagues, supervisor and organisation as perceived by the individual caregiving employee and (c) the awareness of and attitude towards informal care among non-caregiving employees and managers within the organisation. In addition, we are the first to study these aspects in a large quantitative survey of 1,991 informal caregivers and 7,189 non-caregiver employees at 50 organisations. The general aim of this study is to increase the insight into how support for informal care at the individual and organisational level facilitates the combination of work and informal care.

An overview is presented below of the knowledge regarding indicators for combining work and informal care successfully, and the association with the contexts of care, work and the organisation, leading to the formulation of three hypotheses that will be tested in this study.

Indicators for combining work and informal care successfully

Taken separately, both work and informal care roles bring personal benefits. Being an informal caregiver may fulfil personal preferences, reduce feelings of guilt and deepen emotional

relationships between individuals (Walker *et al*., 1990; Lopez *et al*., 2005). The work role provides economic resources and may contribute to a person's social network and possibilities for self-realisation (Scharlach, 1994; Arksey, 2002). Combining these roles may be no problem if these roles do not interfere with each other. Yet a spillover from family to work or, vice versa, from work to family (Frone *et al*., 1997) can have detrimental effects on health and the perceived need for job adaptations. Studies have shown that a conflicting combination of work and informal care roles is associated with poor well-being, stress and even health problems (Martire *et al*., 1997; Fredriksen and Scharlach, 1999, 2006; Evandrou and Glaser, 2003; De Boer *et al*., 2010). There is, however, also evidence that paid work buffers caregiver stress and serves as a diversion so that the caregiver can recover (Martire *et al*., 1997). Several studies have shown that, when they are in balance, combining the two roles has a positive effect on well-being (Sieber, 1974; Scharlach, 1994; Marks, 1998; Edwards and Rothbard, 1999; Arksey, 2002; Voydanoff, 2005; Van Campen *et al*., 2012). Combining work and informal care is therefore not necessarily harmful, but a better understanding is needed of how aspects of work and care interact in maintaining a good work–care balance and helping prevent the informal carer from wanting to change their working hours or give up their job altogether. The two outcomes in this study will be *the perceived balance between work and care* and *the perceived need for job adaptations*.

The care context

Many studies have shown the impact of the care context on the work–care balance. In line with the literature on work and childcare (Frone *et al*., 1997), it is the family-to-work spillover that matters here (Reid *et al*., 2010; Kim *et al*., 2013), but how this works out differs between childcare and informal care. This spillover can be expressed in objective as well as subjective terms. Objectively, the demands of the caregiver role entail the time spent on care as well as the number and type of tasks, and the amount of time involved in planning, organisation and travel time. This need not interfere with work if the provision and organisation of care can be planned outside working hours. Caring for children is mostly quite predictable, in terms of both timing and the needs that must be fulfilled. Informal care differs in several ways. People generally choose to have children, while providing care for a dependent relative usually is something with which the informal carer one is (suddenly or gradually) confronted. Informal care situations more often involve frequent interruptions at work, for example, due to visiting doctors, phone calls that have to be made during the daytime or unexpected crises. In this case, a much larger family-to-work spillover occurs, and it will be more difficult to maintain a good work–care balance. On a subjective dimension, caregiving has an emotional impact. While caring for children is usually an enriching experience for parents, informal care is more often burdensome because it is prompted by illness, accidents or other unexpected events. How burdensome informal care is depends in part on the type of relationship and emotional attachment between caregiver and receiver (Neal *et al*., 1997; Henz, 2004; Keating *et al*., 2013). Caring for close relatives such as spouses and children involves a higher care burden than caring for other relatives and non-kin (De Boer *et al*., 2009). In line with the literature, our study on work–care balance and the need for job adaptations takes into account the intensity of the care situation in terms of time, tasks and type of relationship, and particularly the interference with work. The expectation is that caregiving employees are more likely to report difficulty in combining work and care and/or a perceived need for job adaptations, when (a) they provide care for a longer period of time, for more hours and involving more tasks, (b) they provide care for impaired partners or children (as opposed to parents and others) and/or (c) the care frequently interferes with their work (Hypothesis 1).

The job characteristics

The ability to combine work and care also depends on the characteristics of the job. The number of working hours, work schedules and possibilities for breaks or leave indicate the level of flexibility that employees have to combine work and informal care successfully (Arksey, 2002; Baird and Reynolds, 2004; Voydanoff, 2005; Kim *et al*., 2013). Our study includes characteristics of the job (working hours, managerial position, motivation to work and possibilities for breaks) in the association with outcomes of combining work and informal care. It is expected that caregiving employees are more likely to report difficulty in combining work and care and/or a perceived need to adapt their work when (a) they work more hours, in a non-managerial position, with fewer options for breaks and flexibility and (b) they are motivated to work for economic reasons more than to fulfil personal and social goals (Hypothesis 2).

The organisational context

All Dutch organisations have formal arrangements in place to help staff balance work and family care, ranging from paid leave to the flexibility to work at home. International studies have shown that these arrangements are effective to some extent: informal caregivers who are in jobs in which paid leave and flexible work arrangements are available are more likely to remain employed (Pavalko and Henderson, 2006; Austen and Ong, 2013). However, it is also known that few informal caregivers actually make use of such formal arrangements and that most are more likely to take up leave in order to provide care during working hours (De Meester and Keuzenkamp, 2011). This may be due to the fact that formal arrangements are not a preferred solution for informal caregivers. Using leave may even go against the needs of the employed caregiver: work can serve as a buffer against caregiver responsibilities, worries and strain, for example, by providing social contacts, financial independence and personal development. It can however be argued that the formal arrangements help to maintain a work–care balance only to a certain extent because they offer short-term solutions that may not be in the interests of the caregiver. So although they may help the caregiver to remain employed, they may not help them to positively evaluate the combination of work and care or reduce their perceived need for job adaptations.

The actual use of work–family arrangements appears to be heavily dependent on the support from co-workers and supervisors, as indicated by Blair-Loy and Wharton (2002) and Kim *et al*. (2013). In a qualitative study among employed informal carers in the UK, Arksey (2002) found several examples of managers who discussed the care situation and needs with the caregiver and found creative solutions to meet with those needs, such as permission to make private phone calls and even possibilities to provide companionship to the care recipient during lunch hour. The same study also pointed out that the friendship and support of co-workers can be valuable and result in useful sources of information and practical support. A Canadian study by Higgins *et al*. (2008) found that supervisorial support reduces caregiver strain, role overload and family-to-work interference in the case of elderly care. Managers who were available and listened to employees, who made their expectations clear and gave recognition to a job well done, were helpful for informal caregivers.

This study will include indicators of support within the organisation with regard to informal care at both the individual and organisational level. It is expected that informal caregiving employees are more likely to report difficulty with combining work and care, and/or a perceived need for job adaptation, when (a) they make use of formal leave arrangements and flexible work arrangements, (b) they feel they do not receive full support from co-workers, supervisors and the organisation, and/or (c) non-caregiver employees and supervisors in the

organisation show little awareness of and support for informal caregiving employees (Hypothesis 3).

METHODS

Data collection

Data were available for 50 Dutch organisations (18 local government, 14 health care, 10 welfare and 8 commercial services), which participated on their own initiative in an online intervention programme organised by the 'Work & Informal Care' foundation (Stichting Werk&Mantelzorg) between 2009 and 2012. The intervention programme aims to stimulate and support organisations by implementing caregiver-friendly personnel management structures. The first step in the programme consisted of the organisation sending out an online questionnaire to all employees in order to collect information about the number of informal caregivers in the workforce, the care they were providing, and the policy and attitude within the organisations regarding informal care. To make it very explicit that the questionnaire was concerned with informal care, a definition of informal care was provided after the questions on background information regarding age, gender and level of education. The definition stated: 'An informal caregiver is someone who provides long-term and intensive unpaid care to a chronically ill partner, disabled child or elderly person, friend or neighbour'. The questionnaire comprised four sections: one part filled in by all employees, one only by supervisors, another by caregivers only and, finally, a part filled in by non-caregiving and non-supervising employees. For the sample in our study, we used the questionnaires filled in by the informal caregivers in the 50 organisations, consisting of information about individual care and job characteristics and the perceived work–care balance. The information on non-caregiving colleagues and supervisors about their own as well as the organisational attitude towards informal caregivers was aggregated to the level of the organisation.

Selection procedure

The response rate from the 50 organisations averaged 66 per cent (ranging from 21 to 100 per cent). Of the 9,202 persons who provided useable information (*i.e.* completed at least 50 per cent of the questionnaire), 2,013 (22 per cent) were informal caregivers. Employees who answered 'yes' to the question of whether they were currently providing informal care to a chronically ill partner, disabled child, elderly parent, friend or neighbour answered all the questions regarding the informal care. Of these caregivers, 1,991 (99 per cent) answered the question on whether they felt they had a good balance between work and informal care, and were selected for our study sample. The non-selected caregivers did not differ from the selected caregivers in terms of sex, age group, working hours or hours of care, but had all been caregivers for more than 5 years. Information on the non-caregiving respondents (n = 7,189; 662 in a supervisory position and 6,527 non-caregiving colleagues) was aggregated to provide information about the general attitude towards informal care at the organisational level.

Dependent variables

The balance between work and informal care (*WC-balance*) was assessed by one question: 'To what extent are you able to combine work and informal care?', with response categories ranging from 5 = very poorly to 1 = very well. Because of the low variation, we decided to dichotomise the variable and recoded the categories 'very poorly' (0.5 per cent), 'poorly' (3.6 per cent) and 'moderately' (43.6 per cent) into 0 'poor to moderate balance', and the categories 'well'

(44.2 per cent) and 'very well' (8.0 per cent) into 1 'good balance'. *Need for job adaptation* was measured by one question on whether the employee felt there was a need in the light of their informal care tasks to (a) adjust their work schedule, (b) leave their job, (c) change jobs, (d) reduce their working hours or (e) that there was no need for adjustments. We dichotomised this variable into 1 'need for adjustment of working hours, place or schedule or leave job' if the respondent had ticked options 1–4, and 0 'none of these needs' if option 5 was ticked. The two dependent variables were only moderately correlated ($r = 0.34$).

Characteristics of the care situation

Information was available about the hours of care provision per week (in categories 1–7, 8–20 and > 20 hours a week), the duration of the caregiving situation (0–3 months, 4–12 months, 1–5 years and > 5 years), type of relationship with the care receiver (1 = yes, 0 = no: partner, child, parent or other) and the number of caring tasks (such as household care, personal care, organising and/or coaching). Caregivers were also asked about the frequency with which they were interrupted by their care recipients during work time on a four-point scale (1 'daily', 2 'weekly', 3 'monthly' and 4 'yearly').

Job characteristics

Information is available about the number of working hours (measured in categories <24, 24–36 and >36 hours per week) and supervisory position (1 = yes, 0 = no). Motivation to work was recorded by asking respondents to tick at least one of 10 possible types of motivation in response to the question, 'What is your motivation to work'. We counted five categories of motivation as being present or not (0, 1): economic resources (income and societal status), social contacts (social contacts, enjoyable and alternative for home situation), personal development (personal development, work experience and staying employable) and societal responsibility (contribution to society and meaningful activity). The impact of work interruptions was measured by the question: 'To what extent is it problematic for your work activities if you suddenly have to interrupt your work?' (responses ranging from 1 'never' to 4 'always').

Work arrangements

Caregivers were asked which arrangements they used to adapt their work to their needs. The arrangements were recoded into two new dichotomy variables, indicating use of two types of arrangements: leave and job adaptations (1 = yes or 0 = no). If use of at least one of the formal leave arrangements (short-term leave, long-term leave and incidental leave) was mentioned, the variable 'leave' had a value of 1. If use of at least one of the following four aspects was mentioned: flexible work (adaptation of tasks, schedule or workplace), temporary or permanent reduction of working hours, and temporary or permanent reduction of tasks and working from home, the variable 'job adaptation' was coded 1.

Perceived support at work

A sum scale of four items (openness to discuss caregiving, understanding, help in finding solutions and willingness to take on tasks of the caregiver, on a four-point scale ranging from 1 'strongly disagree' to 4 'strongly agree', Cronbach's alpha = 0.78) measured the caregiver's perceived support from colleagues, ranging from 4 (low support) to 16 (high support). The caregiver's perceived support from supervisors was measured by adding together three items (four-point scale ranging from 1 'strongly disagree' to 4 'strongly agree', Cronbach's alpha = 0.89), with the sum score ranging from 3 (low) to 12 (high). For example, the caregivers were asked how much they agreed with the statement: 'My supervisor is willing to take steps

that support me in combining work and informal care'. The caregiver's perceived support from the organisation was measured by the mean of two items ('the organisation encourages a good balance between work and informal care' and 'supervisors are willing to discuss informal care', ranging from 1 'strongly disagree' to 4 'strongly agree', Pearson's $r = 0.60$).

Characteristics at the level of the organisation

Information about the work environment of the caregivers was derived from the answers given by the non-caregivers and supervisors in the organisations and aggregated to the organisational level. For both the caregivers and their non-caregiving colleagues, the opinion on whether the organisation supported caregivers was indicated by the mean of the two items listed above ($r = 0.53$ in total sample). Support for caregivers by colleagues was measured by the mean of four items (openness to discuss caregiving, understanding, help in finding solutions and willingness to take on tasks of the caregiver) on a four-point scale (1 = strongly disagree, 4 = strongly agree, Cronbach's alpha = 0.82). Additionally, in each organisation the percentage of supervisors willing to discuss informal caregiving with employees was computed based on the question on whether they discussed the combination of work and informal care with their employees (1 = yes, 0 = no). These three variables were considered indicators of the attitude towards informal care in the organisation. We computed mean scores for all 50 organisations for the three variables, and for each organisation individually we counted the number of these variables on which they scored above average. Only organisations scoring 'above average' on all three items were classed as 1 'supportive organisation' (all other organisations were coded 0); this applied to 14 of the 50 organisations.

Statistical analyses

Bivariate analyses were used to compare caregiving and non-caregiving employees in terms of background features such as sex, age and job characteristics. The results are presented in Table 1. Differences between caregivers and non-caregivers were examined using chi-square tests or *t*-tests. The hypotheses were examined in two multivariate multilevel logistic regression models using the gllamm procedure in STATA 13.0 (Stata Corp. LP, College Station, TX) with a random intercept at the organisational level (Table 2). These multivariate models, one examining associations with WC-balance (0 = poor to moderate balance, 1 = good balance) and the other the need for job adaptation (0 = none, 1 = need for adaptation), contain information about demographic characteristics and the context of care, job and organisation. All variables were entered together in the same model. Odds ratios are presented with 95 per cent confidence intervals (CIs). When 1.00 is not included in the 95 per cent CI, the odds ratio shows the relative odds for a good WC-balance or perceived need for job adaptations for each category of the independent variable.

RESULTS

Characteristics of informal caregivers

Of all respondents in the total sample, 21.6 per cent reported that they were informal caregivers. This proportion varied between the organisations, ranging from 4.7 to 42.0 per cent. The 1,991 informal caregivers in our sample differed from the non-caregivers ($n = 7{,}189$) in terms sex, age group, number of working hours and motivation for work (Table 1). Caregivers were more likely to be female ($p < 0.001$), older than 46 years ($p < 0.001$) and working in small part-time jobs ($p < 0.001$) compared with non-caregivers. Caregivers were also less likely than non-caregivers to report economic resources ($p < 0.001$) or personal development ($p < 0.001$) as a motivation to work

TABLE 1 *Job and care characteristics of caregiving and non-caregiving employees in 50 Dutch organisations*

		Non-caregiving employees (n = 7,189)	Caregiving employees (n = 1,991)	p-value*
Demographics				
Sex (%)	Male	32.6 (2,341)	21.8 (435)	<0.001
	Female	67.4 (4,848)	78.2 (1,556)	
Age group (%)	<35 years	19.5 (4,581)	9.1 (181)	<0.001
	36–45 years	28.1 (2,023)	23.3 (464)	
	46–55 years	31.7 (2,280)	47.3 (941)	
	>55 years	14.4 (1,032)	20.3 (405)	
Caring situation				
Hours of care/week	1–7 hours	—	63.8 (1,270)	
	8–20 hours	—	27.7 (551)	
	>20 hours	—	8.5 (170)	
Impact of work interruptions, 1–5 [mean (SD)]			1.74 (0.88)	
Duration of care	0–3 months	—	3.7 (73)	
	4–12 months	—	10.3 (205)	
	1–5 years	—	38.9 (775)	
	>5 years	—	47.1 (938)	
Type of relationship	Partner	—	14.2 (282)	
	Child	—	23.3 (464)	
	Parent	—	59.2 (1,179)	
Number of care tasks, 1–5 [mean (SD)]		—	2.46 (0.93)	
Freq. interruptions at work, 1–4 [mean (SD)]		—	1.42 (0.65)	
Job characteristics				
Working hours per week (%)	<24 hours	32.9 (2,367)	43.5 (867)	<0.001
	24–36 hours	33.9 (2,435)	33.6 (669)	
	>36 hours	33.2 (2,387)	22.9 (455)	
Managerial position (%)		9.2 (662)	8.0 (159)	0.091
Motivation to work (%)	Economic resource	84.0 (6,040)	80.6 (1,605)	<0.001
	Social contacts	81.1 (5,833)	79.7 (1,586)	0.138
	Personal development	52.6 (3,779)	46.5 (925)	<0.001
	Societal responsibility	39.4 (2,832)	45.3 (902)	<0.001
Work arrangements used				
Leave		—	27.4 (545)	
Adaptation of schedule, tasks or workplace		—	45.8 (911)	
Organisational characteristics				
Perceived support by organisation, 1–4 [mean (SD)]		2.87 (0.53)	2.74 (0.58)	<0.001
Perceived support by supervisor, 3–12 [mean (SD)]		—	8.96 (1.26)	
Perceived support by colleagues 4–16 [mean (SD)]			11.59 (1.59)	
Willingness of colleagues to support caregivers, 1–4 [mean (SD)]		2.32 (0.15)	—	
Supervisors willing to discuss care situations (%)			78.0	
Outcomes				
Perceived WC-balance [mean (SD)]		—	52.3 (1,041)	
Need for job adaptations [mean (SD)]		—	41.9 (834)	

* p-values for chi-square tests in the case of categorical variables and t-tests for continuous variables.
SD, standard deviation.

TABLE 2 *Associations among care, work and organisational characteristics and perceived work–care balance and need for job adaptations in multilevel multivariable logistic regression models among 1,991 informal caregivers in 50 different organisations*

		Good perceived balance, *n* = 1,041 (52%)	**Perceived need for job adaptations, *n* = 834 (42%)**
Demographics			
	Sex (1 = female)	0.72 (0.53–0.98)*	0.89 (0.66–1.20)
Age group	<35 years	0.80 (0.52–1.24)	1.40 (0.91–2.15)
	36–45 years	0.90 (0.65–1.24)	1.19 (0.87–1.64)
	46–55 years	0.77 (0.59–1.02)	1.09 (0.83–1.44)
	>55 years	*Ref*	*Ref*
Care situation			
Hours of care/week	1–7 hours	1.85 (1.21–2.84)**	0.53 (0.35–0.81)**
	8–20 hours	1.40 (0.91–2.14)	0.71 (0.47–1.07)
	>20 hours	*Ref*	*Ref*
Duration of care	0–3 months	0.46 (0.26–0.81)**	1.22 (0.70–2.12)
	4–12 months	0.71 (0.50–1.02)	0.93 (0.66–1.33)
	1–5 years	0.94 (0.74–1.18)	0.84 (0.70–1.06)
	>5 years	*Ref*	*Ref*
Type of relationship	Partner	0.81 (0.58–1.13)	1.46 (1.05–2.01)*
	Child	0.77 (0.57–1.04)	1.12 (0.83–1.51)
	Parent	0.58 (0.45–0.75)**	1.03 (0.80–1.33)
	Someone else	*Ref*	*Ref*
	Number of caring tasks	0.82 (0.73–0.92)**	1.20 (1.07–1.36)**
	Freq. of work interruptions	0.47 (0.39–0.57)**	1.87 (1.56–2.22)***
Job characteristics			
Working hours a week	<24 hours	1.45 (1.03–2.04)*	0.73 (0.52–1.02)
	24–36 hours	1.05 (0.76–1.46)	1.12 (0.82–1.54)
	>36 hours	*Ref*	*Ref*
	Managerial position	1.48 (1.00–2.19)*	0.59 (0.40–0.87)**
Work motivation	Economic resource	0.76 (0.58–1.01)	1.65 (1.24–2.20)**
	Social contacts	1.24 (0.89–1.74)	1.05 (0.75–1.45)
	Personal development	1.05 (0.83–1.33)	1.16 (0.91–1.47)
	Societal responsibility	1.08 (0.84–1.37)	1.07 (0.84–1.36)
Impact of work interruptions		0.72 (0.63–0.82)***	1.39 (1.22–1.58)***
Arrangements used			
Leave		0.81 (0.64–1.03)	1.58 (1.25–2.00)**
Adaptation of schedule or tasks workplace		1.09 (0.88–1.35)	1.02 (0.82–1.26)
Perceived support			
	By organisation	1.93 (1.56–2.38)**	0.65 (0.53–0.80)***
	By supervisor	1.11 (1.02–1.22)*	0.96 (0.88–1.05)
	By colleagues	1.12 (1.04–1.21)**	0.87 (0.81–0.94)**
Supportive organisation (0, 1)		1.49 (1.02–2.18)*	0.56 (0.38–0.75)**
Model fit (log likelihood)		*–1,143.66*	*–1,139.52*
Variance of intercept		*0.10 (0.05)*	*0.03 (0.03)*

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

and were more likely to report societal contribution as a motivation ($p < 0.001$). This shows that informal caregivers may be a rather specific group of employees or that they may be more present in organisations that offer part-time jobs that are attractive to women, like, for example, in the health-care or social sector. This will be elaborated on in the discussion section.

One in three caregivers were providing care for more than 7 hours a week, and almost half had had caring responsibilities for over 5 years (Table 1). Caring for a parent occurred most frequently, followed by caring for a child. A considerable proportion of the caregivers in this sample worked for less than 24 hours a week (44 per cent). One in four caregiving employees used leave arrangements to meet the demands of caregiving; less than half changed their work schedule, tasks or workplace. Regarding the outcomes that are of interest for our study, we found positive results for a small majority of the informal caregivers: about half the caregivers (52 per cent) felt they had a good balance between work and care, while 42 per cent reported a need to adapt their job, for example, through reduced working hours, taking leave or leaving their job. These findings portray informal caregivers as a group who are able to some extent combine work and care because their work is part time and adaptable, and caregiving involves only a few hours per week. Nonetheless, just under half do not manage to balance work and care satisfactorily, and the multivariate analyses will tell us why.

The care context

As expected in our first hypothesis, characteristics of the care context do impact on the WC-balance and perceived need for job adaptations (Table 2). Caregivers who provided care for less than 7 hours a week and who had few caring tasks had higher odds of a good perceived WC-balance and lower odds of a need for job adaptations. Contrary to our expectation, caregivers providing care for less than 3 months had lower odds of a good WC-balance (but not a greater need for job adaptations), probably reflecting difficulties in adapting to a new situation. Caring for a parent was associated with a less than good WC-balance, but not with a need for job adaptations, while caring for a partner was associated with higher odds of a need for job adaptations, but not with a good WC-balance, providing partial support for Hypothesis 1b. Finally, the interference by care activities with work was a strong indicator for a poor WC-balance and a need for job adaptations, supporting Hypothesis 1c. It can be concluded that all features of the care context (care intensity, social relationship and interference) are important determinants of successfully combining work and care.

Characteristics of the job

Smaller jobs, being in a managerial position and a lower impact of care-related interruptions at work were associated with higher odds of a good WC-balance, which is in line with Hypothesis 2a. Motivation for work was of no importance for the WC-balance, contradicting Hypothesis 2b. Working hours had no impact on perceived need for job adaptations, but being in a non-managerial position, being motivated for work for economic reasons and experiencing care-related interruptions at work as problematic all contributed to higher odds of a perceived need for job adaptations. It can be concluded that some of the individual job characteristics (working hours, position, impact of interruptions, work motivation) are important for the outcomes of combining work and care.

The impact of organisational characteristics

As shown in Table 2, only the use of formal leave arrangements increased the odds of a need for job adaptations; it did not impact the WC-balance. This finding partly contradicts

Hypothesis 3a. Taking leave in fact seems to be an indicator of difficulty in combining work and care, although this is not statistically reflected in a less than good WC-balance.

Table 2 shows that the individual perceived level of support at work is very important for WC-balance and need for job adaptations. A high level of support from colleagues and particularly from the organisation is associated with higher odds of a good perceived WC-balance and lower odds a need for job adaptations. Perceived support from a supervisor was also associated with a good WC-balance but not with a need for job adaptations. This supports Hypothesis 3b. As expected in Hypothesis 3c, we did find a fairly strong association with a supportive culture at the organisational level. Caregivers working in a supportive organisation were more likely to have a good WC-balance and lower need for job adaptations. This suggests that organisations that recognise the importance of supporting caregivers and in which colleagues and supervisors are willing to support them are favourable for employees who combine work with informal care, and caregiving employees in those organisations are more likely to remain in their jobs.

CONCLUSIONS AND DISCUSSION

This study explored the associations among job, care and organisational characteristics and the perceived balance between work and care, and the need felt for job adaptations among 1,991 employed informal caregivers in 50 different Dutch organisations. In line with our hypotheses, it showed that a good work–care balance and less perceived need for job adaptations were associated with organisational support, in addition to individual work and care characteristics. Both the individually perceived support from colleagues, supervisors and organisations and the objectively determined attitude towards informal care in the organisation appeared to be important. In contrast, use of formal arrangements designed to facilitate a family–work balance, such as leave, flexible work schedules and reduced working hours, was not associated with better outcomes and merely contributed to a perceived need for structural job adaptations.

The results of this quantitative study are mainly in line with results of qualitative studies by Arksey (2002) and Bernard and Philips (2007). They show that employed caregivers benefit from receiving social support at work from colleagues and from creative solutions negotiated with their supervisors that do not involve reducing their working hours or adapting work schedules. Having flexible work schedules and control over work time are valued by caregiving employees, but understanding from colleagues and management is also needed. Our study adds the finding that, in addition to working in an understanding team, working in an organisation that was explicit about the issue of informal care contributed to positive outcomes of combining work and informal care. This underscores the fact that organisations need to make it very clear that informal caregivers are a group of interest that need attention from HRM, supervisors and colleagues not only by making formal leave arrangements available, but also in terms of taking their dual role seriously and having supervisors negotiate individually tailored solutions on a regular basis.

In line with other studies (*e.g.* Martire *et al.*, 1997; Evandrou and Glaser, 2003), our findings affirm that, compared with the job context, the care context is a relatively important determinant of the perceived balance between work and care. A heavy care load, recently developed care situations, frequent care related interruptions at work and jobs for which work interruptions are problematic were associated with poor work outcomes for employed caregivers. Also, caregivers making use of leave arrangements were likely to report a less than good WC-balance. This suggests that, although they needed these arrangements to alleviate a severe work–care conflict, they did not help restore the balance between work and care. These

results imply that adjustment of the care situation needs to be considered as a possible solution for a better balance between work and informal care. Supportive management may therefore also mean giving help and advice in seeking (possibly professional) solutions for demanding care situations, and sometimes also support in setting limits for how much care can be provided while remaining productive at work.

The results for the models with work and care balance as the dependent variable were fairly consistent with results for models with need for job adaptations as dependent variable, indicating that these are both aspects of the same underlying concept. Generally, caregivers with a good perceived WC-balance experienced less need for job adaptations, as indicated by a positive correlation between the two outcomes. Nonetheless, we found some differences in the associations with the duration of the care situation and the type of relationship with the care recipient. Caregivers who had responsibilities for a partner or child and those in long-term care situations seem to have more need for job adaptations even where they have a relatively good work and care balance. On the other hand, persons caring for parents and those in relatively new care situations reported problems in the balance between work and care but not a greater need for job adaptations. This suggests that in new care situations, the balance has been disrupted relatively recently and that other solutions besides adapting work are probably tried first. In the long run, as spousal caregivers may experience, a balance may have been found over time, but eventually a need to change the working situation may arise. The process of adjusting the care and/or the work situation may thus change over time, and this may be reflected only partly in our findings. Longitudinal studies that follow caregiver employees over time would increase the understanding of the temporal component of combining work and care.

A strong point of this study is that it provides information on a large sample of informal caregivers from 50 different organisations, which is a unique opportunity to explore not only individual characteristics, but also characteristics of the organisations that are involved in the balance between work and care and the need for job adaptations. Nonetheless, this cross-sectional study has some limitations. In the first place, it is likely that the study is biased because of the selection procedure used in the survey. Organisations and employees who are interested or even involved with the subject of informal care, likely those in the health and social sector, will have been more likely to respond, as shown by the higher percentage of caregivers in this sample compared with the average among Dutch employees. The study sample consisted of 9,172 employees, of whom 2,013 (22 per cent) were informal caregivers, which is higher than the 13 per cent average among Dutch employees (De Boer *et al.*, 2010). Another selection problem is that persons who had incompatible care and work demands and who decided to leave their job or take care leave are not represented in this study. This may explain why only very few informal caregivers rated their WC-balance as poor or very poor. The informal caregivers in this sample had relatively low care demands and small jobs, which may have allowed them to combine work and care more easily. However, the findings still show statistically significant differences between combining care 'moderately' and 'well'. Although we might have underestimated the caregivers' difficulties in balancing work and care because of low sample variety, we were still able to replicate significant associations of combining work and care. Finally, limited information was available on the caregivers' private situation, such as marital and parental status, and that of the care recipient. This may have provided more information on why some experienced a better work–care balance than others, simply because they received more help from their spouses in taking care of things at home, or the spousal caregiver of the recipient. Future studies on work and care should include more information on the living arrangements of the caregiver and the care recipient to increase the insight into the impact of the care context in this domain.

To conclude, the consistency in the pattern of associations among demographic, care, job and organisational characteristics and the two different dependent variables (WC-balance and need for job adaptations) suggests that our findings are meaningful. In organisations with a caregiver-friendly culture and in which caregivers feel they receive support from colleagues and supervisors, caregivers have better work outcomes.

Acknowledgements

This study was funded by the Netherlands Organization for Health Research and Development, Research Programme for Health and Participation (grant number: 50-51400-98-007). We thank the Werk&Mantelzorg foundation for the provision of their data. Werk&Mantelzorg is a programme initiated by Mezzo (National Association of Voluntary and Informal Care) and the Qidos HR training and consultancy agency, sponsored by the Dutch Ministry of Health, Welfare and Sport.

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